

**FILED**UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

NOV 28 2023

United States District Court

District of New Mexico

MITCHELL R. ELFERS  
CLERK

Office of the Clerk

Document Summary Page

Date: October 16, 2023 03:00 PM MDT

To: Robert R Wolf

Case: Wolf v. New Mexico Department of Corrections et al

From: Office of the Clerk, District of New Mexico

CM/ECF Support Number: (505) 348-2075

CM/ECF Support Email: [cmecl@nmd.uscourts.gov](mailto:cmecl@nmd.uscourts.gov)

Comments: Case#1:23-cv-00382-JB-GJF Document#7 Filed:10/16/2023

Job: 9427325c-4d26-421f-8d02-67740482760e

MOTION to Amend/Supplement [1] Complaint by Robert R Wolf. (cmm)

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UNITED STATES DISTRICT COURT

for the

District of New Mexico

\_\_\_\_\_ Division

Case No.

23cv382 JB-6JF

(to be filled in by the Clerk's Office)

Robert B. Wolf

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

See Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which you have been known:

ID Number

Current Institution

Address

Robert R. Wolf

Robert Ray Wolf

60698 1431493

New Mexico Department Corrections, et. al

1525 Morris Rd SW

Los Lunas

NM

87031

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Warden R. Nilius

Warden

UNKNOWN

State of New Mexico Department of Corrections

1525 Morris Rd SW

Los Lunas

NM

87031

City

State

Zip Code

 Individual capacity  Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Deputy Warden Timothy March

Deputy Warden

UNKNOWN

State of New Mexico Department of Corrections

1525 Morris Rd SW

Los Lunas

NM

87031

City

State

Zip Code

 Individual capacity  Official capacity

See Attached page #1

New Mexico Correction Department, et.al. - Warden R. Nilius -  
Deputy Warden Timothy Hatch, Unit Manager K. Rivera,  
Captain Jose Santiago

New Mexico Correction Department, et.al  
Disciplinary Officer,  
Shawn Farman.

## Defendant No. 3

Name

Job or Title (*if known*)

Shield Number

Employer

Address

K. Rivera

Unit Manager

Unknown

State of New Mexico Department of Corrections

1525 Morris Rd SW

Los Lunas

NM

87031

City

State

Zip Code

 Individual capacity     Official capacity

## Defendant No. 4

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Captain Jose Santiago

Captain

Unknown

State of New Mexico Department of Corrections

1525 Morris Rd SW

Los Lunas

NM

87031

City

State

Zip Code

 Individual capacity     Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

 Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Crude and Unusual Punishment.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

The Basis, is how the Administration and Staff treats the Geriatrics. with the New Mexico Act of the 2023, General Session - SB-29 Chapter 89, Chapter - 41 Section 1-31-21-5 Definition, Abused in Probation and Parole Act - Effective Date, July 1, 2023, Start releasing Geriatrics. But they are NOT being released.

The Youngsters are taking over. They need to be taken to a Level III & IV. There is too soft Approach on placing them. There are to many Women Running the Prisons. There is going to be a Riot, unless something is NOT done. There are already to many Drugs and fights, in the Showers. There was Thousands of Dollars spent on Cameras. And the Endless man hours putting them in. And they can't see anything. The Youngsters do there Drugs in Broad Daylight. The only time something is done, is when someone Rats them out. The Co's don't want ANY trouble, unless theres blood or someone can't get out of bed, or there cut up. I've have been incarcerated almost 22 yrs AND besides the Riot in Santa Rosa in 07, I have never seen it this Bad.

# The Eighth And the Fourteenth Amendment,

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*The Eighth Amendment issue is Prison conditions are harsh. The food they are serving is Not fit for Humans to Eat, and Prisoners claim that the inadequacy of Medical care Constituted AN Eighth Amendment Violation. The Fourteenth Amendment Equal Protection Clause, Mandates That, Contenued Page 3.*

## III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) \_\_\_\_\_

## IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*The Started Bringing the Bunk Beds back December 23-2020. To CMRU Geriatric UNIT Level I & II They Put all of the North End down to South End 12-26-23, and Next page # B.A.*

No state "shall deny to any person within its jurisdiction to Equal Protection of the law.

Recreation and Exercise- Eighth Amendment is instead a necessary requirement for physical and mental well-being. Claims of deprivation of exercise require the same showing of deliberate indifference that is generally required for the Eighth Amendment conditions of confinement claim.

Undue restrictions on prisoner's opportunities for physical exercise may constitute cruel and unusual punishment in violation of the Eighth Amendment when they pose an unreasonable threat to the prisoners' physical and mental health. Over crowding and lack of staff do not provide penological justification for lack of exercise.

#### Exhibit 4 of IV

Discrimination against the Geriatrics. Nov-13-2023, Lt Graige, allowed a 27-28 yr old inmate to move to a Bottom Bunk. When there was a 62 yr old inmate, whom has Back and feet problems Charles Andrew, is a Native. 62 yr old Inmate. He has been waiting for months to move down to the Bottom Bunk. Administration will not allow the Native movedown. This is cruel and unusual punishment and discrimination.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Starting December 23-2020 up to Today - November - 07-2023

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

They are taking a lot of our Privileges away from the Geriatrics. They are endangering one of the Geriatrics, K. Rivera Had the Benches removed from the Showers. They replaced them with Geriatrics Chairs, which turn over very easily. Witness are, Harold Yazzie, John Wilson, Leroy Torrez, David Johnson, John Lamball, Charles Andrew.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I have Spinal Stenosis. I have a great deal of pain in my back AND lower back. I can't sleep at times. I have had a total Hip replacement along with another Hip Surgery. It fell apart. My Blood Pressure has gone out of sight, with Mental Anguish - EMOTIONAL DISTRESS. It's gotten to where a person is afraid to go outside. Because of the Drugs and Pains. I had Hip replacement 12-31-17. The 11-02-18 they had to go back in and put it back together. I have Spinal Stenosis. My first MRI was 12-21-2020. They X-rayed my back 11-19-21. Did another MRI 8-29-23, 10-9-23. They said they did not know when I'd go see the Doc. about my back.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. To raise claims under (ADA) Americans with Disabilities Act. 42 U.S.C § 12101 et seq. (ADA). The Geriatrics programs be brought back. The Benches put back in the Showers. Make this, The Geriatrics Level I & II. Get our Mail back. Allow us to receive Newspapers, Magazines and Catalogs. This was all stopped. To Stop the Drugs. The Drugs were never stopped. The Drugs are now more then they were before. It's all an INCONVENIENCE for us. To be able to go outside, without some punk calling us out. I feel there should be some money to be requested and punitive damages to be claimed for the acts. Plus High Blood pressure worth?

See Attached Pg. 2

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## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

New Mexico Department of Corrections, Los Lunas, N.M.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)? *It covers the majority of them.*

ATTN  
D210/60Info  
onlyExhibit 11 Attached Pg 6  
23-03-059

(II-402)

Form CD-1515013  
Revised 07-12-17 Page 1

## NEW MEXICO CORRECTIONS DEPARTMENT

INMATE INFORMAL COMPLAINTInmate Name: Robert Ray Wolf NMCD#: 60698Facility: CMR II HU Cell #: B-402 Date of Incident: 2-8-23Name of subject or person to whom the complaint was filed against: Mr. Fairman & CMR II

Explain your complaint in detail: The Benches being TAKEN out of the Geriatrics Showers. I'm 72 with 2 Total Hip replacements. I can't STAND ON ONE LEG TO GET DRESSED. THIS IS AGAINST A.R.A. policy. STANDARD 113. CRUEL AND UNUSUAL PUNISHMENT TO THE GERIATRICS.

Inmate Signature: Robert Ray Wolf Date: 2-10-23

Unit Manager/Chief of Security Designee

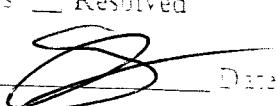
Date Received: 03/09/23

I, DW/0/60/Man/Param Unit Manager/Chief of Security Designee have reviewed the above informal complaint and  
Recommend:  Resolution  Recommend formal grievance

Explain: I'm 72 IS CHRONIC & IS NOT ABLE AS PER NMCO Policy (150006). SEE ATTACHED. THIS ISSUE WILL NOT BE ENDED ANY FURTHER. DW RIVERA HAS ADDRESSED THIS ISSUE W/ IMAGES.

Staff Member: Man/Param  Date: 03/09/23

Acknowledged by the signatures below, this informal complaint is  Resolved  Unresolved

Unit Mgr/Chief of Security Designee: Man/Param  Date: 03/09/23

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate: \_\_\_\_\_ Date: \_\_\_\_\_

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

CMRU. of Los Lunas.

2. What did you claim in your grievance?

S. Framan Does NOT follow the Police - He's claiming the Grievance was untimely, AND THAT ISSUE was NOT Grievable.

3. What was the result, if any? This Lawsuit.

S. Framan makes up his own Rules as he goes along. He is a big part of these problems, He'll trash what he wants, AND he keeps what he thinks he can control. He's not allowing the inmates our Due Process.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I had Grievanced the Warden, But never heard anything from ANY one. I have written the CONSTITUENT Services. Never received anything from them. But my Mail started disappearing.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

---

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

---

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *I have gone as far as writing the Governor. But Nothing has been done. I did NOT get copies of the letter that was sent to the Governor,*

---

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

---

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

*This case is just getting started.*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county and State)

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

\_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

\_\_\_\_\_

## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-14-23

Signature of Plaintiff

Robert Ray Wolf

Printed Name of Plaintiff

Robert Ray Wolf

Prison Identification #

\*60698-491493

Prison Address

1525 Morris Rd Sw

Los Lunas

City

N.M

State

871031

Zip Code

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

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## UNITED STATES DISTRICT COURT

for the

District of New Mexico

Robert Ray Wolf \_\_\_\_\_ )  
 Plaintiff/Petitioner )  
 v. )  
 State of New Mexico Correction Facility \_\_\_\_\_ ) Civil Action No.  
 Defendant/Respondent )  
 \_\_\_\_\_ )

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: Central New Mexico Correction Facility.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 217,83 Month, and my take-home pay or wages are: \$ 193,66 per  
 (specify pay period) By Monthly.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 10.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

None -

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

None

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

None

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

None

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 11-13-23

Robert Ray Wolf  
Applicant's signature  
Robert Ray Wolf  
Printed name

Pg 18 of 19

**UNITED STATES DISTRICT COURT**  
for the  
District of New Mexico

Robert Ray Wolf \_\_\_\_\_  
 Plaintiff/Petitioner \_\_\_\_\_  
 v. \_\_\_\_\_  
 \_\_\_\_\_  
 Defendant/Respondent \_\_\_\_\_  
 )  
 )  
 )  
 ) Civil Action No.  
 )  
 )  
 )

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: NMCRU of New Mexico.  
 If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 227.83, and my take-home pay or wages are: \$ 193.66 per  
 (specify pay period) By Monthly.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

Robert Ray Wolf #60698

CMR U Unit B-402

1525 Maris Rd. S.W.

Los Lunas, NM 87031

**RECEIVED**

UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

NOV 28 2023

MICHELL R. ELFERS  
CLERK

United States District Court  
District of New Mexico  
Office of the Clerk  
333 Lomas Blvd. N.W.  
Albuquerque, NM

87102